

STUDENT AWARDS & FINANCIAL AID

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2019-2020
OSAP Assessment Costs
Studies at another Institution

UW ID Number

Last Name First Name

Email Address Note: Please attach a copy of the approved Letter of Permission for are eligible to be included in your OSAP assessment.		Local Telephone rm. Only courses for which a Letter of Permission has been approved			
Section A: This section must be completed by the Financial Aid Office of the other institution					
Academic Program:					
Program Name		Study	Period:		
Program Year		Start Date (first day of classes)			
Course Load (units)		End Date (last day of exams)			
□Co-op □Regular					
Course Code(s): (E.g. CS101, Phil202)					
1.	OSAP Eligible: □Yes	s □No	Number o	f Weeks	
2.	OSAP Eligible: □Yes	s □No	Number o	f Weeks	
3.	OSAP Eligible: □Yes	s □No	Number o	f Weeks	
Letter of Permission: An approved Letter of Permission is on file with our institution □Yes □No					
Total Costs:					
Tuition					
Compulsory Fees					
Books/Supplies					
Institution Name		Institution Stamp			
Name of Authorized Officer		Authorized Officer Signature			
Contact Details (email/phone)		Date Signed			
Section B: University of Waterloo Internal use only					
Decision	Reviewed by			Date	

Decision	Reviewed by	Date